



10/518297

Rec'd PCT/PTO

24 AUG

Attorney Docket No. 0033-0232PUS1

#4

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BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: Therapeutic compositions for use in prophylaxis or treatment of diarrheas

Fill in Appropriate Information - For Use Without Specification Attached: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

The specification was filed on _____ as
United States Application Number _____
and amended on _____ (if applicable) and/or
the specification was filed on 30 June 2003 as PCT
International Application Number PCT/FI2003/000528
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information: (if appropriate)	Prior Foreign Application(s)	Priority Claimed	
20021275 (Number)	Finland (Country)	06/28/2002 (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20030564 (Number)	Finland (Country)	04/14/2003 (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
_____ (Application Number)	_____ (Filing Date)	

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)
_____ (Country)	_____ (Application Number)	_____ (Date of Filing)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)	

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME ÅNGSTRÖM, Jonas	INVENTOR'S SIGNATURE <i>Jonas Angstrom</i>	DATE* 07-02-2005
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) de Geersgatan 12, S-416 57 Göteborg, Sweden		
GIVEN NAME/FAMILY NAME TENEBERG, Susann	INVENTOR'S SIGNATURE <i>Susann Teneberg</i>	DATE* 07.02.2005
Residence (City, State & Country) Hindås, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Postbox 1639, S-430 63 Hindås, Sweden		
GIVEN NAME/FAMILY NAME SAARINEN, Juhani	INVENTOR'S SIGNATURE <i>Juhani Saarinen</i>	DATE* 26.01.2005
Residence (City, State & Country) Helsinki, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Eljaksentie 3, FI-00370 Helsinki, Finland		
GIVEN NAME/FAMILY NAME SATOMAA, Tero	INVENTOR'S SIGNATURE <i>Tero Satomaa</i>	DATE* 26.01.2005
Residence (City, State & Country) Helsinki, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Raatie 10 K, FI-00700 Helsinki, Finland		
GIVEN NAME/FAMILY NAME ROCHE, Niamh	INVENTOR'S SIGNATURE <i>Niamh Roche</i>	DATE*
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Grevegårdsvägen 146/772, S-421 61 Västra Frölunda, Sweden		
GIVEN NAME/FAMILY NAME NATUNEN, Jari	INVENTOR'S SIGNATURE <i>Jari Natunen</i>	DATE* 25.1.2005
Residence (City, State & Country) Vantaa, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Oolannintie 10 E 18, FI-01520 Vantaa, Finland		

19518297

Attorney Docket No.

21 AUG 2005 0232 PUS1

Full Name of Seventh
Inventor, if any:
see above

6-00

Full Name of Eighth
Inventor, if any:
see above

7-00

Full Name of Ninth
Inventor, if any:
see above

8-00

Full Name of Tenth
Inventor, if any:
see above

Full Name of Eleventh
Inventor, if any:
see above

Full Name of Twelfth
Inventor, if any:
see above

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina		INVENTOR'S SIGNATURE <i>Halina Podraza</i>	DATE* 07-02-2005
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Lantmilsgatan 20, S-421 37 Västra Frölunda, Sweden			
GIVEN NAME/FAMILY NAME KARLSSON, Karl-Anders		INVENTOR'S SIGNATURE <i>Karl Karlsson</i>	DATE* 1.2.2005
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Nilssonsberg 35, S-411 43 Göteborg, Sweden			
GIVEN NAME/FAMILY NAME ABUL-MILH, Maan		INVENTOR'S SIGNATURE <i>Maan Abul-Milh</i>	DATE* 050202
Residence (City, State & Country) Angered, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Kryddpeppargatan 75, S-424 53 Angered, Sweden			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
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GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

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BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Fill in Appropriate: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information - The specification was filed on _____ as
For Use Without United States Application Number _____;
Specification and amended on _____ (if applicable) and/or
Attached: the specification was filed on 30 June 2003 as PCT
International Application Number PCT/FI2003/000528; and was
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
	_____ (Application Number)	_____ (Filing Date)

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Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)
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Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Stat 15 - patented, pending, abandoned)
	_____ (Application Number)	_____ (Filing Date)	_____ (Stat 15 - patented, pending, abandoned)

10/5/8297
Attorney Docket No.
24 0033-2005 2 PUS 1

Rec'd PCT/PT2

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina	INVENTOR'S SIGNATURE → K	DATE* 5
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Lantmilsgatan 20, S-421 37 Västra Frölunda, Sweden		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME KARLSSON, Karl-Anders	INVENTOR'S SIGNATURE K. A. Karlsson	DATE* 7.5.2005
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Nilssonsberg 35, S-411 43 Göteborg, Sweden		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME ABIJL-MILH, Maan	INVENTOR'S SIGNATURE → X	DATE* 5
Residence (City, State & Country) Angered, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Kryddpeppargatan 75, S-424 53 Angered, Sweden		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE

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24 AUG 2005

Attorney Docket No. 0933-0232 PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

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↓

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

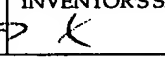
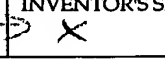
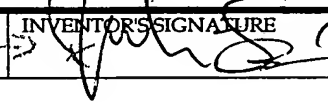
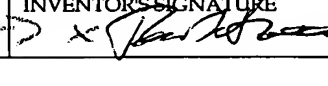
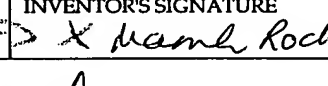
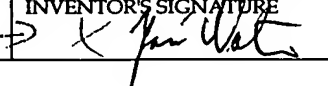
Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME ÅNGSTRÖM, Jonas	INVENTOR'S SIGNATURE 	DATE* 5
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) de Geersgatan 12, S-416 57 Göteborg, Sweden		
GIVEN NAME/FAMILY NAME TENERBERG, Susann	INVENTOR'S SIGNATURE 	DATE* 5
Residence (City, State & Country) Hindås, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Postbox 1639, S-430 63 Hindås, Sweden		
GIVEN NAME/FAMILY NAME SAARINEN, Juhani	INVENTOR'S SIGNATURE 	DATE* 26.01.2005
Residence (City, State & Country) Helsinki, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Eljaksentie 3, FI-00370 Helsinki, Finland		
GIVEN NAME/FAMILY NAME SATOMAA, Tero	INVENTOR'S SIGNATURE 	DATE* 26.01.2005
Residence (City, State & Country) Helsinki, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Raetie 10 K, FI-00700 Helsinki, Finland		
GIVEN NAME/FAMILY NAME ROCHE, Niamh	INVENTOR'S SIGNATURE 	DATE* 05.02.02
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Grevegårdsvägen 146/772, S-421 61 Västra Frölunda, Sweden		
GIVEN NAME/FAMILY NAME NATUNEN, Jari	INVENTOR'S SIGNATURE 	DATE* 25.1.2005
Residence (City, State & Country) Vantaa, Finland		CITIZENSHIP Finnish
MAILING ADDRESS (Complete Street Address including City, State & Country) Oolannintie 10 E 18, FI-01520 Vantaa, Finland		